



Office of
Board of Health

Town of Marshfield

Board of Health
870 Moraine Street
Marshfield, Massachusetts, 02050

Tel: 781-834-5558

Fax: 781-837-6047

MEMORANDUM

TO: Operators of Recreational Camps for Children

FROM: Matthew Tanis, Assistant Director of Public Health

RE: 2015 Summer Camping Season

DATE: April 17, 2015

The camping season is fast approaching. This is to remind you of what this office will require for paperwork for the upcoming camp season.

Enclosed please find "Self-Certification form for Recreational Camps for Children". Paperwork and \$75.00 fee must be submitted to our office at least two weeks before you plan to open. You must also call us to schedule an inspection. The camp will not be permitted to open until all paperwork is complete; an inspection and review of the application has been completed; and a permit has been issued by this office. It is advisable that you check with the Building and Fire Departments for any additional requirements.

I look forward to working with you to make this a safe and fun season.



Office of
Board of Health

Town of Marshfield

Board of Health
870 Moraine Street
Marshfield, Massachusetts, 02050
Tel: 781-834-5558 Fax: 781-837-6047

TOWN OF MARSHFIELD CAMP PERMIT APPLICATION FORM

Please complete, sign and return this form to the Health Department along with FEE and State required Workers Compensation Insurance Affidavit form

Permits will not be issued unless all forms are returned.

Total fee for 2015 \$75.00

Dates / Days of operation

Type of Permit: Camp ☒

*PLEASE PRINT

Name of Camp

Location where camp to be held:

Email Address:

Business address

Business ID#(Fed. ID #)

Business Telephone # Fax #

Mailing address

(If different from above)

Hours of operation

Contact Person

Emergency Phone # Cell Phone #

Pursuant to M.G.L. Ch 62C, Sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law. (Must be filled out and signed)

Signature of Individual or Corporate Name

By

Corporate Officer (If applicable)

If Corporation or partnerships, give name, title, and home address of officers or partners.

NAME

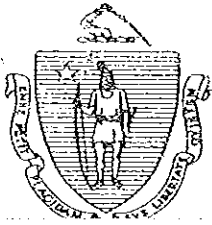
TITLE

HOME ADDRESS

State of incorporation Name & address
of local agent

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

Signature Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor; Boston, Mass. 02111
Workers' Compensation Insurance Affidavit
Please PRINT legibly

Applicant information:

name: _____

location: _____

city: _____

phone # _____

- ☐ I am a homeowner performing all work myself.
- ☐ I am a sole proprietor and have no one working in any capacity
- ☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

- ☐ I am a sole proprietor, general contractor, or homeowner (*circle one*) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

☐ check if immediate response is required

contact person: _____ phone #: _____

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406

SELF-CERTIFICATION FORM FOR RECREATIONAL CAMPS FOR CHILDREN

Name of Facility or Program: _____

Address of Facility or Program: _____

Name of Owner or Operator: _____ Phone: _____

I, the undersigned, hereby attest to the following under the pains and penalties of perjury:

- (1) The Board of Health gave me the following documents:
 - ☒ This Self-Certification Form for Recreational Camps for Children with Appendixes,
 - ☒ A blank Return to Compliance/Request for Variances Form, and
 - ☒ A copy of Chapter 4 of the State Sanitary Code, 105 CMR 430.000, Minimum Sanitation Standards for Recreation Camps for Children;
- (2) I returned the following documents to the Board of Health:
 - ☐ This Self-Certification Form for Recreational Camps for Children, and
 - ☐ A completed Return to Compliance/Request for Variances Form;
- (3) I have personally examined and am familiar with the information contained in the documents returned to the Board, including any and all documents accompanying this statement;
- (4) The information contained in these documents is to the best of my knowledge, true, accurate, and complete;
- (5) Any additional documents on file at the facility are identified on the following pages by the words "**DOCUMENT ON FILE**";
- (6) Procedures to maintain compliance are in place at this facility and will be maintained for the coming year or season even if programs or operating procedures are changed over the course of the year or season; and
- (7) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name/Title: _____

Source of Signatory Authority:

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

If a Corporation:

☐ President

☐ Secretary

☐ Treasure

☐ Vice President (if authorized by corporate vote)

☐ Representative of the Above (if authorized by corporate vote and if responsible for overall operation of the establishment)

1	The program at this facility <u>does not</u> require a Recreation Camp permit from the Board of Health because it meets one of the following criteria:	Yes	No	n/a
	(a) A child care program licensed by the Office of Child Care Services in accordance with MGL c. 28A, s. 10.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Single-purpose classes, workshops, clinics or programs sponsored by municipal recreation departments, or neighborhood playgrounds designed to serve primary play interests and needs of children, as well as affording limited recreation opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis as provided by MGL c. 111, s. 127A.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	(c) A program operated solely on a drop-in basis.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	(d) A classroom-based instructional program with no specialized or high-risk activities conducted as part of the program.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	(e) A summer school program accredited by a recognized educational accreditation agency, where the accreditation includes standards for specialized and high risk activities, if the program involves such activities (see 105 CMR 430.130), and the summer program meets those accreditation standards.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Other _____	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
*If you check "yes" to any the items numbered 1(a) to 1(f), then do not fill out the rest of this form. Sign the front page and return it to the Board of Health.				
2	The program at this facility <u>does</u> require a Recreation Camp permit from the Board of Health because it meets at least one of the following criteria:	Yes	No	n/a
	(a) Program promotes or advertises itself as a camp.	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Program meets all of the following criteria: <ul style="list-style-type: none"> • Operates for profit or philanthropic or charitable purposes, whether or not a fee is charged, • Serves five or more children who are not members of the family or personal guests of the operator; and • Operates for any period of time between June 1 and September 30 of any year or not more than 14 consecutive days during any other time of year. 	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Other _____	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>
**If you check "yes" to any the items numbered 2(a) to 2(c), then fill out the rest of this form.				
3	The following types of camp will operate at this facility (check all that apply):	Yes	No	n/a
	(a) <u>Day Camp</u> – Operates for more than 2 hours, but less than 24 hours per day for at least 5 days during a 2-week period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) <u>Residential Camp</u> – Operates at a permanent site for 4 or more consecutive overnights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) <u>Sports Camp</u> – Operates for 2 or more hours per day with a primary focus on one or sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) <u>Travel Camp</u> – Provides care for not less than a 72-hour period and uses motorized transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) <u>Trip Camp</u> – Provides care for not less than a 72-hour period and moves campers either on foot, or by individually-guided vessels, vehicles or animals from one site to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) <u>Medical Specialty Camp</u> – Provides programs for campers with specific medical/health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Program specifics: Number of campers: _____ Number of staff: _____ Number of days per year open: _____ Number of volunteers: _____			

EMPLOYMENT BACKGROUND INFORMATION (430.090)		Yes	No	n/a
5	DOCUMENT ON FILE – <u>Background Check Review Procedure</u> for staff persons who may have unsupervised contact with a camper (see Appendix A).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	DOCUMENTS ON FILE - Staff Files including prior work history, references, CORI, SORI, and out of state/international criminal background checks. Number of files checked by BoH: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Operator ensures that staff members without approved background checks do not have unsupervised contact with campers. May be with a staff person with an approved background check.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF ORIENTATION (430.091)		Yes	No	n/a
8	DOCUMENT ON FILE – <u>Staff Orientation Plan</u> describing camp's plan of orientation, which includes camp's philosophy, organization, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	All paid staff and volunteers receive orientation (including medical policy) before working with children or supervising others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTION OF ABUSE AND NEGLECT (430.093)		Yes	No	n/a
10	DOCUMENT ON FILE – <u>Prevention/Reporting Suspected Abuse of Neglect</u> procedures for reporting suspected incidents of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNSELOR REQUIREMENTS (430.100)		Yes	No	n/a
11	DOCUMENTS ON FILE – <u>Counselors</u> completed a camp counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	DOCUMENTS ON FILE – <u>Junior Counselors</u> completed a junior counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	All counselors and junior counselors have required experience and meet minimum age requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMP DIRECTOR REQUIREMENTS (430.102)		Yes	No	n/a
14	DOCUMENT ON FILE – <u>Camp Director</u> , if Day or Residential Camp, completed a course in camping administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Camp Director has required experience and meets minimum age requirements. Name of Camp Director: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Camp Director is on site at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION OF AQUATICS AND SWIMMING (430.103 A & B)		Yes	No	n/a
17	DOCUMENTS ON FILE – <u>Aquatics Director</u> certifications include lifeguard, CPR, and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Aquatics Director has required experience and meets minimum age requirements. Name of Aquatics Director: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Aquatics Director provides direct supervision of aquatic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION OF WATERCRAFT ACTIVITY (430.103 C)		Yes	No	n/a
20	DOCUMENTS ON FILE – <u>Watercraft Supervisor</u> certifications include (1) lifeguard, CPR, and first aid, or (2) small craft safety and basic water rescue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Proper ratio of certified counselors to campers to supervise watercraft activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	All staff and campers wear U.S. Coast Guard-approved personal floatation devices while participating in watercraft activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	A minimum of two counselors in each separate watercraft supervising all white water, hazardous salt water, or hazardous fresh water activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION OF OTHER SPECIALIZED ACTIVITIES (430.103 D - G)

Yes No n/a

24 **DOCUMENT ON FILE** -- Riding Instructor licensed in accordance with M.G.L. Ch. 128, s. 2A.

☐ ☐ ☐

25 Specialized or high-risk activities are supervised by staff with required experience and certifications/licenses, who meet minimum age requirements.

☐ ☐ ☐

HEALTH RECORDS AND REQUIRED IMMUNIZATIONS (430.150 - 430.152)

Yes No n/a

26 **DOCUMENTS ON FILE** -- Required health records maintained for campers and staff.

☐ ☐ ☐

Number of staff records checked by Board of Health: _____

Number of camper records checked by Board of Health: _____

27 All campers and staff under 18 years old have the following immunizations.

☐ ☐ ☐

Number of records checked by Board of Health: _____

Immunization	Dose(s)	Comments
MMR	1	
Measles	2 nd dose	
Polio (OPV or e-IPV)	3	4 doses required if mixed schedule vaccine given - IPV and OPV
Diphtheria, Tetanus Toxoids and pertussis	4 DtaP/DTP/DT/Td	booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose
Hepatitis B	3	for children born after 1/92

28 All campers and staff 18 years or older have the following Immunizations.

☐ ☐ ☐

Number of records checked by Board of Health: _____

Immunization	Dose(s)	Comments
Measles	2*	*unless born before 1957
Mumps	1*	*unless born before 1957
Rubella	1	
Diphtheria and Tetanus Toxoids	3	Booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose

INJURY REPORTS AND MEDICAL LOG (430.154 - 430.156)

Yes No n/a

29 Injury reports completed for each fatality or serious injury.

☐ ☐ ☐

30 A copy of each injury report is sent to MDPH.

☐ ☐ ☐

31 Bound medical log with pre-numbered pages readily available; all entries in ink and no skipped lines.

☐ ☐ ☐

32 Medical records available to camp health personnel and authorized public health representatives

☐ ☐ ☐

HEALTH CARE STAFF TO BE PROVIDED (430.159)

Yes No n/a

33 **DOCUMENT ON FILE** -- Health Care Policy approved by the Board of Health and the camp health care consultant. Approved by the BoH on _____.

☐ ☐ ☐

34 **DOCUMENTS ON FILE** -- Written Orders signed by Health Care Consultant available for use by Health Supervisor.

☐ ☐ ☐

35 **DOCUMENT ON FILE** -- Package Sent to Parents before each camper is admitted to camp, including policy for care of mildly ill campers, administration of medication, and procedures for emergency care.

☐ ☐ ☐

36 **DOCUMENT ON FILE** -- Health Care Consultant is a Massachusetts licensed physician, nurse practitioner, or physician assistant with pediatric training.

☐ ☐ ☐

Name of Health Care Consultant: _____

37	DOCUMENT ON FILE – Health Supervisor is a Massachusetts licensed physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or other person with first aid and CPR certifications. Name of Health Supervisor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Health Supervisor meet minimum age requirements and is present at camp at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Each full-time staff member provided with copy of camp medical policy and trained in the program's infection control procedures and implementation of policy during staff orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE AND ADMINISTRATION OF MEDICATION (430.160)		Yes	No	n/a
40	Medications properly labeled and kept in a lock storage cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	List of medications signed by Health Care Consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Medication administered only by Health Supervisor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY/MEDICAL FACILITIES AND EQUIPMENT (430.161)		Yes	No	n/a
43	Infirmery provided, if Day Camp or Residential Camp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Designated area provided for isolation of ill child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Required first aid supplies provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTION FROM SUN AND TOBACCO (430.163 – 430.165)		Yes	No	n/a
46	Operator encourages reduced exposure to ultraviolet rays from the sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Tobacco use restricted to designated areas not accessible to campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL PROGRAM ACTIVITIES AND DISCIPLINE (430.190 – 430.191)		Yes	No	n/a
48	DOCUMENT ON FILE – <u>Discipline Policy</u> describing camp's procedures for disciplining campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	DOCUMENT ON FILE – <u>Package Sent to Parents</u> informing parents that copies of background check, health care and discipline policies, and grievance procedures are available upon request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	DOCUMENT ON FILE – <u>Promotional Literature</u> states "This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Program of activities and physical environment meets the needs of the campers and does not pose a hazard to their health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Campers released only to parents or individual designated in writing by the parent unless approved in writing by the Board of Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIFLERY AND ARCHERY PROGRAMS (430.201 – 430.203)		Yes	No	n/a
53	Archery equipment kept in good condition, stored under lock and key when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Archery range located away from other activity areas and clearly marked as a danger area. At least 25 yards clearance behind each target.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Personal weapons (i.e., bows, rifles, or similar equipment) only allowed with camp operator's written permission, and stored under lock and key by camp operator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATERFRONT AND BOATING PROGRAM REQUIREMENTS (430.204)		Yes	No	n/a
56	Swimming areas in clean and safe condition: no swimming at undesignated sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Proper ratio of properly certified counselors and lifeguards to campers for supervised swimming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Camper swimming ability assessed; campers confined to appropriate swimming areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Method of supervising and checking bathers established; staff familiar with lost swimmer plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60	No swimming after dark unless adequate lighting is provided and swimming is restricted to shallow water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	All watercraft equipped with U.S. Coast Guard-approved floatation devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	No small craft in the swimming area unless used by lifeguards on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Campers properly certified before participating in white water, hazardous salt water, or hazardous fresh water activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>CRAFTS EQUIPMENT (430.205)</i>		Yes	No	n/a
64	Arts and crafts equipment in good repair, of safe design, properly installed, and used with proper safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PLAYGROUND AND ATHLETIC EQUIPMENT AND FACILITIES REQUIREMENTS (430.206)</i>		Yes	No	n/a
65	Athletic equipment properly set up and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Playing fields and surfaces free from holes and obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Playground equipment in good repair, of safe design, and securely anchored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	No concrete or asphalt surfaces under or around playground equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Canvas or other pliable seats for swings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STORAGE AND OPERATION OF POWER EQUIPMENT (430.207)</i>		Yes	No	n/a
70	Power equipment stored and operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>HORSEBACK RIDING PROGRAM REQUIREMENTS (430.208)</i>		Yes	No	n/a
71	Riders wear a hard hat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	One experienced instructor for every ten riders on a trail excursion; minimum of two staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>TELEPHONES REQUIRED (430.209)</i>		Yes	No	n/a
73	Telephone provided with roster of emergency numbers, including health care consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EMERGENCY AND CONTINGENCY PLANS (430.210 – 430.213)</i>		Yes	No	n/a
74	DOCUMENT ON FILE – <u>Fire Evacuation Plan</u> approved by Fire Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	DOCUMENT ON FILE – <u>Disaster Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	DOCUMENT ON FILE – <u>Lost Camper Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	DOCUMENT ON FILE – <u>Lost Swimmer Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	DOCUMENT ON FILE – <u>Traffic Control Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	DOCUMENT ON FILE – <u>Contingency Plan for Day Camp</u> describing procedures to deal with special contingencies involving children attending day camps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	DOCUMENT ON FILE – <u>Contingency Plan for Primitive, Travel or Trip Camp</u> describing day-to-day itinerary before departure, sources of emergency care, and contingency plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Means of emergency communication in place and recognized by all campers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STORAGE OF HAZARDOUS MATERIALS (430.214)</i>		Yes	No	n/a
82	Flammable materials labeled and stored in a locked building not occupied by campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Hazardous chemicals labeled and stored in an area not accessible to campers, and separate from food storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PREVENTION AND SMOKE DETECTORS (430.215 - 430.217)		Yes	No	n/a
84	DOCUMENT OF FILE – <u>Statement of Compliance</u> in writing issued by Fire Department on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Smoke detectors provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Tents fire-retardant and non-toxic; no open flame near tents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEHICLES AND TRANSPORTATION SAFETY (430.250 - 430.253)		Yes	No	n/a
87	DOCUMENTS ON FILE – <u>Camp Vehicle Drivers</u> possess the required license for the type of vehicle, and a current first aid certificate (unless a 2 nd staff person with first aid certificate rides in vehicle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Camp Vehicle Drivers have required experience and meet minimum age requirements. Names of Drivers: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Vehicles for transporting campers in compliance with M.G.L. Ch. 90, in particular ss. 7B and 7D and regulations of the Massachusetts Registry of Motor Vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	All campers, attendants and drivers wear seat belts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Any special needs of campers are communicated to the driver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	All vehicles used to transport campers have required amounts of liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER AND PLUMBING (430.300 – 430.302)		Yes	No	n/a
93	DOCUMENT OF FILE – <u>Private Well Report</u> of chemical and bacterial analyses of private water supply, if not regulated by DEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Potable water supply provided with adequate quantity and pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Adequate and centralized drinking water facilities provided; no common drinking cups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Plumbing maintained in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	No cross connections between any pipe carrying drinking water and waste pipes or drains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD SERVICE (430.320 – 430.335)		Yes	No	n/a
98	Food service operated in compliance with Chapter 10 of the State Sanitary Code, 105 CMR 590.000, <i>Minimum Sanitation Standards for Food Service Establishments</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	Nutritious meals that include a variety of foods served, and menus are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Meals provided at <u>Day Camp</u> meets 1/3 of the "Recommended Dietary Allowances" of Food and Nutrition Board, National Academy of Sciences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Adequately trained staff and equipment provided to ensure handicapped campers are eating nutritionally adequate meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Operator provides proper methods for storing meals brought from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Meals are provided to campers who arrive without a bag lunch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLID WASTE AND SEWAGE DISPOSAL (430.350 - 430.360)		Yes	No	n/a
104	Proper storage and disposal of solid waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Facility is served by town sewer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Facility is served by a septic system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Facility is served by its own wastewater treatment plant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>BATHROOM FACILITIES (430.370 -- 430.380)</i>		Yes	No	n/a
108	Adequate number of toilets, sinks, and showers provided. # toilets: _____ # sinks: _____ # showers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Adequate toilets, sinks, and shower facilities for special needs campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Adequate supply of toilet paper provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Windows and other openings screened; screen doors self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Toilet and shower rooms ventilated to the outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Hot water at handwash sinks, showers, and bathtubs does not exceed 112°F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Sanitary facilities maintained in a clean condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>RODENT, INSECT, WEED CONTROL -- RESIDENTIAL AND DAY CAMPS (430.400 - 430.401)</i>		Yes	No	n/a
115	Adequate rodents and insect control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Adequate weed and noxious plant control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SWIMMING POOLS (430.431)</i>		Yes	No	n/a
117	Swimming pools operated in accordance with Chapter 5 of the State Sanitary Code, 105 CMR 435.000, <i>Minimum Standards for Swimming Pools</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Permit posted, fence and safety equipment provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SITE LOCATION (430.450)</i>		Yes	No	n/a
119	Site location is accessible, has adequate surface drainage, drinking water, and sewage disposal, and has no unsafe traffic conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>BUILDING REQUIREMENTS (430.451 - 430.472)</i>		Yes	No	n/a
120	DOCUMENT ON FILE -- <u>Certificate of Occupancy</u> issued by Building Inspector on _____ for all camp structures used for sleeping or assembly purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Screening provided for food preparation and food service areas, screen doors are self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Lighting provided for each kitchen, dining room, mess hall, infirmary, toilet room and stairway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Floors maintained smooth, clean, and free from chronic dampness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Egresses adequate and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Day Camp - adequate shelters to house and provide for on-going camp activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	Non-ambulatory campers and staff housed on ground level with egresses leading to grade or ramp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Towels are sufficiently laundered, and no common towels are allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER ITEMS</i>		Yes	No	n/a
128	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETURN TO COMPLIANCE/REQUEST FOR VARIANCE FORM FOR RECREATIONAL CAMPS FOR CHILDREN

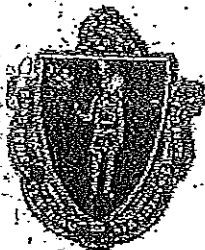
Name of Facility or Program: _____

Address of Facility or Program: _____

Name of Owner or Operator: _____ Phone: _____

PLAN TO RETURN TO COMPLIANCE			
#	Description of Steps to be Taken to Return to Compliance	Correction Date	BoH Use Only

REQUEST FOR VARIANCE	
<p>Note: In order to request a variance, you must fill out this form and attend a hearing in front of the Board of Health. You will be notified in writing of the date and time of the hearing. Section 105 CMR 430.800 of the State Sanitary Code allows the Board of Health to vary the application of any provision of the code with respect to any particular case when, in its opinion, the enforcement thereof would do manifest injustice; provided, that the decision of the Board shall not conflict with the intent and spirit of these minimum standards.</p>	
Relevant Code Sections	Description of the Requested Variances
430._____	
430._____	
430._____	



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150

www.mass.gov/chsb

Tel: (617) 650-4500
Fax: (617) 650-4513
TTY Tel: (617) 650-4505

Edward A. Flynn
Secretary

Barry J. LaCroix
Executive Director

NOTICE TO AGENCIES ABOUT ELECTRONIC ACCESS TO CORI

The Criminal History Systems Board (CHSB) has implemented new functionality for certified agencies to request and receive CORI via a secure, online system known as Web CORI. This Web CORI application will allow agencies to electronically submit and retrieve CORI requests; electronically submit certification renewal and expanded access applications and update Agreements of Non-Disclosure via an Online Certification Application (OCA). Additionally, the Web CORI application will accommodate electronic payment (E-Payment) functionality for fee required agencies and also provide the ability to upload batch files of up to 100 CORI requests that have been formatted to specific requirements and electronically transmit such files to the CHSB for processing.

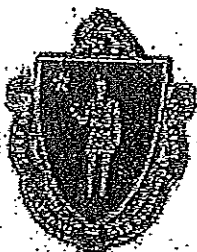
The Web CORI system will require that all fee required CORI requests are paid for at the time of submission and payment will be accepted in the form of Visa, Mastercard, Discover and Electronic Funds Transfer (EFT) from a checking account. Please be advised that due to the design of the Web CORI system there will be an additional charge for CORI requests where the applicant has more than one (1) first name or more than two (2) previous last names. You may submit such applicant information via CORI Web or to avoid the additional charges (which cannot be refunded) such applicant information should be sent to the CHSB, CORI unit by MAIL along with the standard fee per CORI request. Results of requests sent by mail will be returned electronically by the secure website once your agency has been set up to access Web CORI.

It is important to note that there are two types of users that can be provided access to Web CORI for an agency's certification. Each agency is required to select one "Department Administrator." The Department Administrator is the CORI contact for the agency and will be contacted by CHSB should any issues with the certification arise. Additionally, the Department Administrator is responsible for submitting future renewal applications, updating Agreements of Non-Disclosure for the agency via the OCA and retrieving CORI results once returned via email. Please note that CORI results can only be returned to one preauthorized email address and such email address should be that of the Department Administrator. The second type of user is a "Submitter." Agencies can have multiple CORI authorized staff members as "Submitters" who will be assigned user codes to submit applicant information for processing. Any staff member serving as either a "Submitter" or a "Department Administrator" is required to have an Agreement of Non-Disclosure (AOND) on file with the CHSB. The Agreement of Non-Disclosure is available at www.mass.gov/chsb. This includes any technical support staff that may assist with uploading of files and/or submission of applicant information.

Effective immediately, all CORI certification applications, both original and renewal applications, will be set up to request and retrieve CORI electronically. Should your agency wish to be set up on the Web CORI system prior to the time of renewal, please return the attached form with all fields of information completed.

The CHSB CORI Unit will review this information in the order it is received and will contact your agency with further information as soon as possible.

Please note that if your agency's CORI certification has expired, the CHSB will not be able to provide electronic access to CORI until such time as a renewal application is filed, processed and approved by the CHSB.



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150

www.mass.gov/chsb

Tel: (617) 650-4500
Fax: (617) 660-4613
TTY Tel: (617) 650-4505

Edward A. Flynn
Secretary

Barry J. LaCroix
Executive Director

ENROLLMENT FORM FOR ELECTRONIC ACCESS TO CORI

Name of Agency: _____ Agency Certification Code: _____

Agency Contact Name: _____

Agency Contact Email Address: _____

Is this email address for the staff member who will serve as the "Department Administrator?" (The Department Administrator is the staff member who will serve as the email contact for the agency and will be responsible for retrieving CORI results as well as submitting future renewal applications.)

Yes

No

If No, please identify the name of the staff member to serve as Department Administrator and email address in which CORI requests should be returned to (Please note that all staff members that will be assigned a user code to access the Web CORI application must have an Agreement of Non-Disclosure on file with the CHSB):

Name: _____ Email: _____

Please list all CORI Authorized Staff members to be set up as "Submitters." (Submitters are staff members that will review, access and request CORI. Such staff members will be provided a usercode and password to access Web CORI for the purposes of submitting applicant information to CHSB for processing.)

Please return this information to the following address:

Criminal History Systems Board
Attention: CORI Unit
200 Arlington Street, Suite 2200
Chelsea, MA 02150



MGL c. 111, §127A½

Christian's Law

Frequently Asked Questions

Q. What is Christian's Law?

- A. Massachusetts General Law c. 111, §127A½, commonly referred to as Christian's Law, was enacted on July 12, 2012. The law requires that all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must:
- 1.) Ensure that all minors are swim tested at the first swimming session;
 - 2.) Provide a properly sized and snug fitting personal flotation device (PFD) Type I, II, or III to all minor children determined to be either a non-swimmer or an at-risk swimmer; and
 - 3.) Allow parents or legal guardians to provide their own properly fitting PFD to the child if they so choose.

Q. Is Christian's Law currently in effect?

- A. While regulations clarifying swim test requirements and other aspects associated with PFDs are being prepared, the mandate requiring municipal and recreational programs or licensed camps to use PFDs if provided by a parent has been in effect since October 16, 2012 (90 days after Christian's Law was enacted).

Q. How are municipal and recreational programs different from licensed recreational camps for children?

- A. A licensed recreational camp must meet certain regulatory requirements for licensing. The definition of a recreational camp for children is very specific, and programs not meeting the legal definition in regulation 105 CMR 430.000, as well as those exempt pursuant to M.G.L. c. 111, §127A, are not subject to these requirements including, but not limited to, mandatory background checks for staff and volunteers; proof of immunization for all staff and campers; and proof of training, certification, and experience for staff conducting or supervising specialized or high risk activities (e.g. swimming).

Q. How will municipal and recreational programs or licensed camps determine appropriate swimming classification?

- A. The Massachusetts Department of Public Health (MDPH) with input from various stakeholders including the Christian E. Frechette (CEF) Foundation, the Massachusetts Camping Association (MCA), the Massachusetts Park and Recreation Association (MPRA), the Massachusetts Municipal Association (MMA), and the Alliance of Massachusetts YMCAs is assessing requirements for swimming skill determinations based on classifications developed by national safety organizations such as the American Red Cross (ARC), YMCA, and others. MDPH is developing a list of appropriate trainings that will prepare staff at municipal and recreational programs or licensed camps using beaches for swimming programs on the conduct of safe and effective swim tests to meet the requirements of Christian's Law. These national safety organizations provide training certifications for swim instructors to determine the level of a minor's swimming ability.

- Q. How will municipal and recreational programs or licensed camps ensure the safety of non-swimmers and at-risk swimmers?**
- A.** Once swimmers are classified, a system should be implemented to ensure that any child determined to be a non-swimmer or at-risk swimmer is clearly designated via an identification method such as the use of colored wristbands. Proper classification for all minors participating in swimming programs through the use of trained swim instructors is necessary along with ongoing supervision of designated non-swimmers and at-risk swimmers to ensure the continued use of properly fitting PFDs.
- Q. How will municipal and recreational programs or licensed camps ensure appropriate PFDs are used?**
- A.** Christian's Law requires that all PFDs used at municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must be United States Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy. All PFDs must be in a serviceable condition prior to use. Information on the types of PFDs, size selection, and tips for determining and maintaining a PFD in serviceable condition is available from the USCG at:
http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx.
- Q. What do parents and legal guardians need to know?**
- A.** All children participating in swimming programs at municipal and recreational programs or licensed camps, excluding swimming pools, wading pools, and other artificial bodies of water, need to be classified according to their individual swimming ability through a swim test prior to entering the water for the first time. If the child is determined through swim testing to be a non-swimmer or at-risk swimmer then a properly fitting PFD must be provided by the municipal and recreational program or licensed camp. Christian's Law allows a parent or legal guardian to provide their own PFD for their child. Municipal and recreational programs or licensed camps should inform parents that they may choose to do so and, if the parents provide a PFD, it must be clearly identified with the child's name and contact information. Municipal and recreational programs or licensed camps must ensure the child is wearing the PFD during swimming activities and will need to initially and regularly check that the provided PFD is properly fitting.
- Q. If parents can't afford a PFD for their child is there financial assistance available?**
- A.** The CEF Foundation was established by the parents of Christian E. Frechette, the child that is named in Massachusetts General Law c. 111, §127A½. Parents who would like to provide a PFD for their child but are unable to purchase one may contact the CEF Foundation, which offers PFDs for underprivileged children at reduced or no cost. For more information please visit www.ceffoundation.org or contact Derek@ceffoundation.org.
- Q. How will Christian's Law be enforced?**
- A.** In Massachusetts, health regulations such as Christian's Law are incorporated in the State Sanitary Code. Similar to other regulations under the state sanitary code, Christian's law will be enforced at the local level through the Board of Health (LBOH), as well as by the MDPH pursuant to M.G.L. c. 111, §127A. All licensed camps are inspected annually for compliance as part of the licensing process by the LBOH, including swimming activities, pursuant to 105 CMR 430.000 – "Minimum Requirements for Recreational Camps for Children". Agents for the LBOH and/or the MDPH may conduct audit inspections at municipal and recreational programs pursuant to Christian's Law in conjunction with water testing pursuant to 105 CMR 445.000, "Minimum Requirements for Bathing Beaches".

For more information please visit the MDPH – Community Sanitation Program website
<http://www.mass.gov/dph/dcs> or contact the Massachusetts Department of Public Health,
Bureau of Environmental Health at **617-624-5757**.

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

April 2005

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 2,600 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-15% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called "terminal complement component deficiency") are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation:

Is there a vaccine against meningococcal disease?

There are currently 2 vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about 3 to 5 years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is not recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child's health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child from getting meningococcal disease?

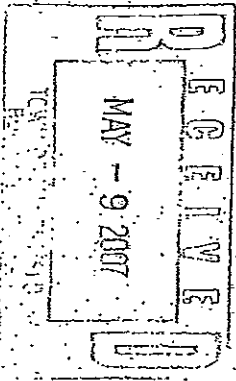
The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can;
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.

Massachusetts Department of Public Health
305 South Street, Jamaica Plain, MA 02130



EXTREME HEALTH

A Prevention Guide to Promote Your Personal Health and Safety



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



For more information on hot weather conditions and health, please contact:

Centers for Disease Control and Prevention
National Center for Environmental Health, MS F52
4700 Buford Hwy, Atlanta, GA 30341-3717
1-888-232-6789; ENHSHq@cdc.gov
<http://www.bt.cdc.gov/disasters/extremehat/>

HEAT

eat-related deaths and illness are preventable yet annually many people succumb to extreme heat. Historically, from 1979 to 1999, excessive heat exposure caused 8,015 deaths in the

United States. During this period, more people in this country died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined. In 2001, 300 deaths were caused by excessive heat exposure.

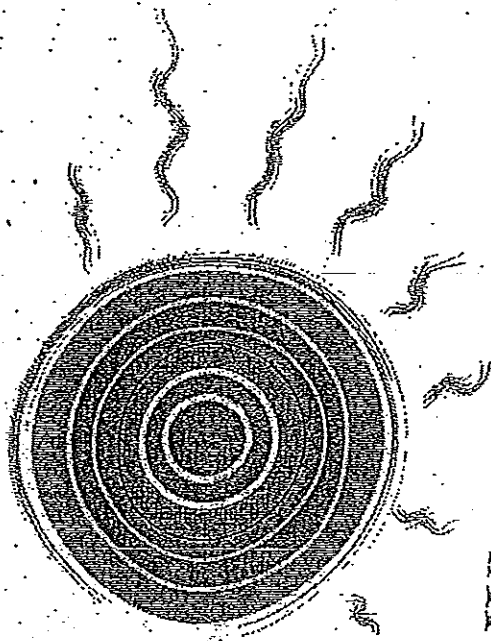
People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs.

Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions related to risk

include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

Because heat-related deaths are preventable, people need to be aware of who is at greatest risk and what actions can be taken to prevent a heat-related illness or death. The elderly, the very young, and people with mental illness and chronic diseases are at highest risk. However, even young and healthy individuals can succumb to heat if they participate in strenuous physical activities during hot weather. Air-conditioning is the number one protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned.

Summertime activity, whether on the playing field or the construction site, must be balanced with measures that aid the body's cooling mechanisms and prevent heat-related illness. This pamphlet tells how you can prevent, recognize, and cope with heat-related health problems.



What Is Extreme Heat?

Temperatures that hover 10 degrees or more above the average high temperature for the region and last for several weeks are defined as extreme heat. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Excessively dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

During Hot Weather

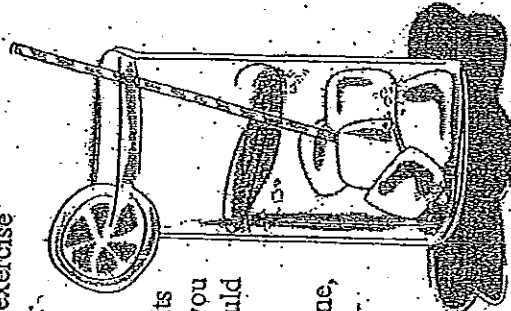
To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour.

Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.

Don't drink liquids that contain caffeine, alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.



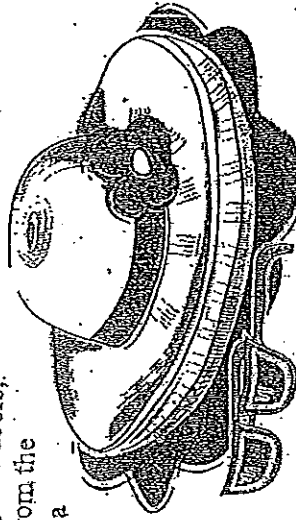
Replace Salt and Minerals

Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin. If you must go outdoors,

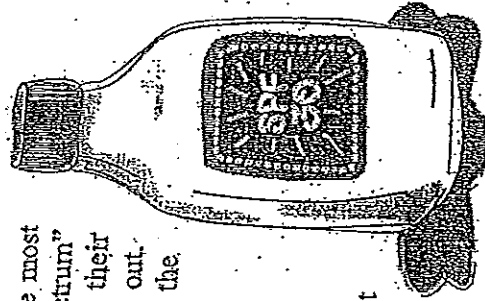
protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) along with sunglasses, and by putting on



sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.

Schedule Outdoor Activities Carefully

If you must be outdoors, try to limit your outdoor activity to morning and evening hours. Try to rest often in shady areas so that your body's thermostat will have a chance to recover.



Pace Yourself

If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least into the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Stay Cool Indoors

Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department to see if there are any heat-relief shelters in your area. Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Use your stove and oven less to maintain a cooler temperature in your home.

Use a Buddy System

When working in the heat, monitor the condition of your co-workers and have someone do the same for you. Heat-induced illness can cause a person to become confused or lose consciousness. If you are 65 years of age or older, have a friend or relative call to check on you twice a day during a heat wave. If you know someone in this age group, check on them at least twice a day.

Monitor Those at High Risk

Although any one at any time can suffer from heat-related illness, some people are at greater risk than others.

- Infants and children up to four years of age are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.
- People who are overweight may be prone to heat sickness because of their tendency to retain more body heat.
- People who overexert during work or exercise may become dehydrated and susceptible to heat sickness.
- People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for depression, insomnia, or poor circulation, may be affected by extreme heat.

Visit adults at risk at least twice a day and closely watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

Adjust to the Environment

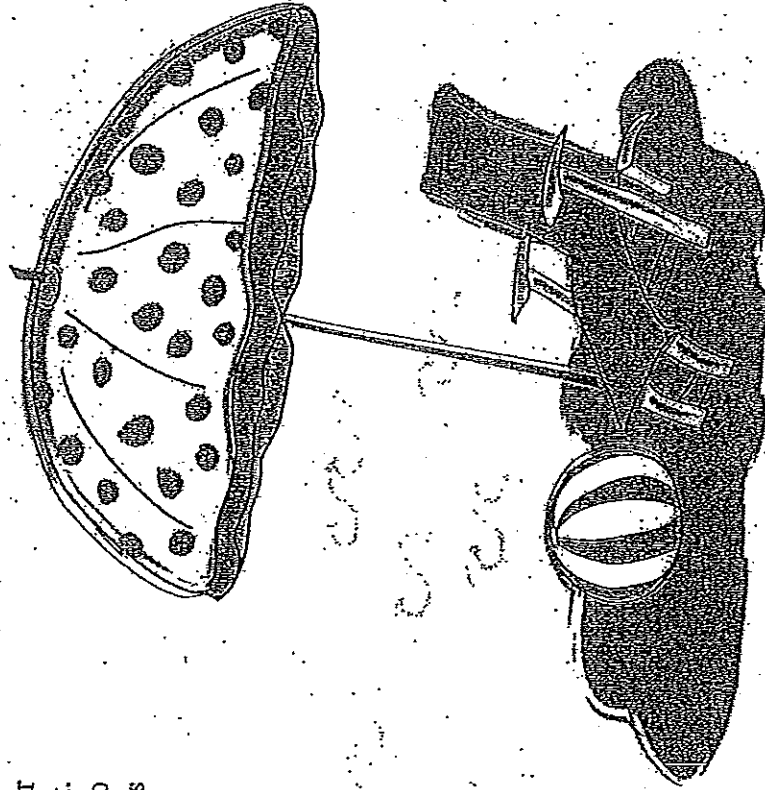
Be aware that any sudden change in temperature, such as an early summer heat wave, will be stressful to your body. You will have a greater tolerance for heat if you limit your physical activity until you become accustomed to the heat. If you travel to a hotter climate, allow several days to become acclimated before attempting any vigorous exercise, and work up to it gradually.

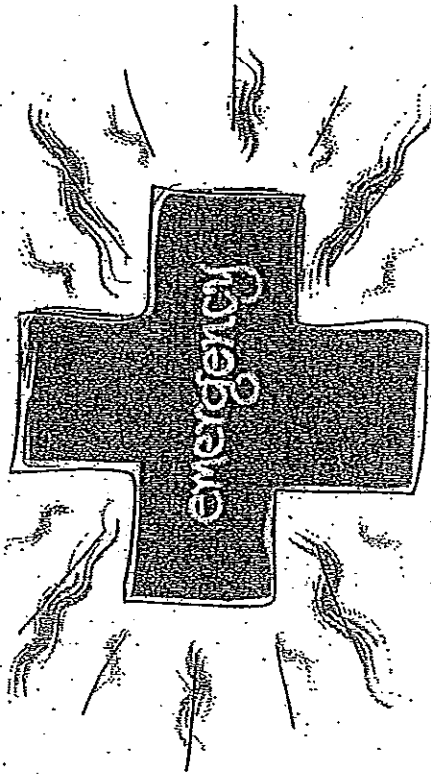
Use Common Sense

Remember to keep cool and use common sense:

- Avoid hot foods and heavy meals—they add heat to your body.
- Drink plenty of fluids and replace salts and minerals in your body.
- Dress infants and children in cool, loose clothing and shade their heads and faces with hats or an umbrella.
- Limit sun exposure during mid-day hours and in places of potential severe exposure such as beaches.
- Do not leave infants, children, or pets in a parked car.
- Provide plenty of fresh water for your pets, and leave the water in a shady area.

"Keep cool and use common sense."





Hot Weather Health Emergencies

Even short periods of high temperatures can cause serious health problems. Doing too much on a hot day, spending too much time in the sun or staying too long in an overheated place can cause heat-related illnesses. Know the symptoms of heat disorders and overexposure to the sun, and be ready to give first aid treatment.

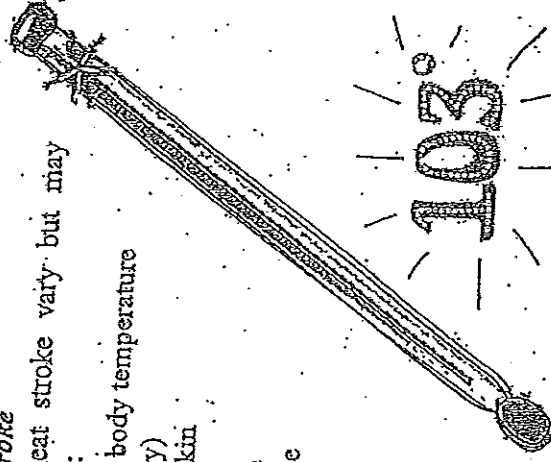
Heat Stroke

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Recognizing Heat Stroke

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F, orally)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness



What to Do

If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area.
- Cool the victim rapidly using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; if the humidity is low, wrap the victim in wet sheets and fan him or her vigorously.
- Monitor body temperature and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim fluids to drink.
- Get medical assistance as soon as possible.

Sometimes a victim's muscles will begin to twitch uncontrollably as a result of heat stroke. If this happens, keep the victim from injuring himself but do not place any object in the mouth and do not give fluids. If there is vomiting, make sure the airway remains open by turning the victim on his or her side.

"Have someone call for immediate medical assistance while you begin cooling the victim."

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to an excessive loss of the water and salt contained in sweat. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment.

Recognizing Heat Exhaustion

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The victim's pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention immediately if any of the following occurs:

- Symptoms are severe
 - The victim has heart problems or high blood pressure
- Otherwise, help the victim to cool off, and seek medical attention if symptoms worsen or last longer than 1 hour.

"...seek medical attention if symptoms worsen or last longer than 1 hour."

What to Do

Cooling measures that may be effective include the following:

- Cool, nonalcoholic beverages, as directed by your physician
- Rest
- Cool shower, bath, or sponge bath
- An air-conditioned environment
- Lightweight clothing



Heat Cramps

Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

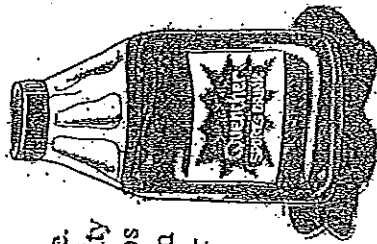
Recognizing Heat Cramps

Heat cramps are muscle pains or spasms—usually in the abdomen, arms, or legs—that may occur in association with strenuous activity. If you have heart problems or are on a low-sodium diet, get medical attention for heat cramps.

What to Do

If medical attention is not necessary, take these steps:

- Stop all activity, and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention for heat cramps if they do not subside in 1 hour.



"Consult a doctor if the sunburn affects an infant younger than 1 year of age."

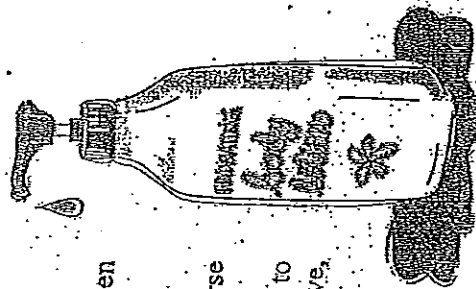
What to Do

Consult a doctor if the sunburn affects an infant younger than 1 year of age or if these symptoms are present:

- Fever
- Fluid-filled blisters
- Severe pain

Also, remember these tips when treating sunburn:

- Avoid repeated sun exposure.
- Apply cold compresses or immerse the sunburned area in cool water.
- Apply moisturizing lotion to affected areas. Do not use salve, butter, or ointment.
- Do not break blisters.



Sunburn

Sunburn should be avoided because it damages the skin. Although the discomfort is usually minor and healing often occurs in about a week, a more severe sunburn may require medical attention.

Recognizing Sunburn

Symptoms of sunburn are well known: the skin becomes red, painful, and abnormally warm after sun exposure.



One Last Hot Tip...

These self-help measures are not a substitute for medical care but may help you to recognize and respond promptly to warning signs of trouble. Your best defense against heart-related illness is prevention. Stay fit, eat right, and making simple changes in your fluid intake, activities, and clothing during hot weather can help you to remain safe and healthy.